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CONTRIBUTIONS TO UTERINE SURGERY.

By John P. Mettauer, A.M., M.D., LL.D., Virginia.

Uterine diseases, within comparatively a few years, have engaged the attention of medical practitioners, both in this country and Europe, to an extent commensurate with their high importance, and the various new methods devised and practised for the correction of those diseases during that period have in a vast number of instances been followed by the most gratifying results.

It is remarkable that these diseases should so long have, apparently, been regarded lightly by the profession, when they so deeply involve the dearest domestic relations of society, nay, in an important degree, the perpetuity of nations. More than twenty years the attention of the writer has been studiously directed to the investigation of these diseases, during which period numerous examples of them have been witnessed and treated by him. Very early in his professional life he felt constrained to relinquish, in a measure, the established methods both of investigating and treating uterine diseases, by means of their defectiveness, and, after much perplexity and trouble, to say nothing of his many disappointments and mortifications, comparatively new methods were adopted by him and carefully practised, some of which the cases about to be detailed are designed to exemplify and illustrate.

Case I.—*Scirrhus of the Os and Cervix Uteri.*—This case occurred in a married lady aged 38, who had been married eighteen years, but had never borne a child or been pregnant. The health, seemingly, was good for years after her marriage, yet she suffered from catamenial irregularities, with the usual sympathetic pains of the back, hips, bowels, &c. Almost constant leucorrhœa existed, the discharge being sometimes very copious, as well as variable in its qualities, being, when small in quantity, thicker, often rendering her diaper quite stiff. Two or three years before the writer was consulted, the general health gave way, manifested by loss of appetite, impaired digestion, constipation, debility, nervousness, restless nights, and marked emaciation. The peculiar aspect of the countenance induced apprehensions that cancer of the uterus existed, as it certainly displayed its characteristic cachexia. There was also strongly marked anæmia.

After this brief history, the case was subjected to a vaginal examination by the toucher, which disclosed enlargement and induration of the cervix, and ulceration of the os uteri. The enlarged cervix was about the bulk of an English walnut, somewhat flattened, excessively hard; and the os presented an abrasion rather than a true ulcer, both being comparatively insensible when pressed by the exploring index finger. The speculum was not employed, as the toucher had fully disclosed the character of the case, as far as it was attainable under the circumstances; and the diagnosis was, enlargement and induration of the cervix uteri, with ulceration of the os, as well as of the cervix, tending to, or complicated with scirrhus.

In treating this case the writer directed his chief attention to the ulcerations, hoping the enlargement and induration of the cervix might possibly be due to them. The nitrate of silver, in its solid dry state, was the chief topical remedy employed, which, after repeated applications, varying the intervals of using it from four to ten days, was abandoned, the enlarged and indurated cervix obstinately refusing to yield in the slightest degree after a trial of two months. Indeed, it was apparent that the enlargement had augmented, although the ulceration had disappeared.

Regarding the case as confirmed scirrhus, and being unwilling to endanger the patient from further constitutional contamination by delay, excision was determined upon and proposed, which the lady and her friends readily consented to.

For the operation, the position was not unlike that for lithotomy, the body resting on a high narrow table, with the nates near

the edge, and the feet supported by a broad, thin board, on each side secured to the table, and projecting a foot or two beyond the border, and separated so as to allow room for the operator between them. It was not necessary to confine the lady, but only to support the knees and legs by an assistant on each side.

A three-bladed speculum, with the entering portion bevelled so as to be readily and perfectly adapted to the cul de sac of the vagina, was employed to bring the faulty cervix into view. Fairly exposed by the speculum held in position by an assistant, the scirrhous neck was drawn forwards and downwards by the assistance of a hook deeply inserted into its canal, and so held by the left hand of the operator. With a knife curved flatlong, spear-pointed, having a keen edge and a pretty long handle, directed by the right hand, and with a stabbing sawing movement around the diseased neck, it was rapidly and quickly excised, the line of incision extending beyond the border of the indurated mass fully four lines. The writer uses for these operations two knives curved in such a manner as to cut right and left. In this case, however, only one was employed. The hæmorrhage was slight, and comparatively little pain was experienced.

As soon as the bleeding ceased, the speculum being still in the vagina, the wound was filled with lint, saturated with a powder of equal parts of sulph. alum. and tannin, pressed firmly to its bottom with the dressing forceps, and there held for a few moments. The speculum was now removed without closing the blades, which completed the operation. For an hour the body remained on the table, to prevent disturbance of the lint by moving her before coagula had formed around it. She was finally placed in bed, comfortably covered, and soon fell into a quiet sleep, which was favored by darkening the room, and excluding the curious and noisy from it.

For several hours—two or three—the body remained quiet, sleeping the most of the time; until, finally, becoming warm from the complete development of reaction, she was aroused by a gush of blood from the vagina, and most profuse hæmorrhage followed. This, fortunately, was promptly arrested, however, by profound syncope, which for a considerable time seemed as if it would prove fatal. At length the swoon terminated, and restored consciousness was soon followed by sustaining reaction, and in all respects the condition was favorable, and the patient soon became cheerful. To guard against a recurrence of the hæmorrhage, rest and a quiet state of the mind was enjoined, as well as restrictions on diet. After three days the bowels were moved by a mild cathartic, and the vagina daily washed out with mild mucilaginous injections. Everything went on most favorably. There was not the slightest tendency to a renewal of the hæmorrhage. Slight vaginal discharges of bloody seromucus took place after the second day, which were soon followed by muco-pus in considerable quantity. On the fifth day the lint came away, or rather a coagulum resembling a dry eschar. The vaginal injections were continued, with directions not to lay them aside as long as there was any discharge from the vagina. For ten days after the lint came away, the nitro-muriatic acid mixture was used twice daily, before dinner, and breakfast, as an alterant. After this time the iodide of iron was employed instead of the acid, as a eutrophic tonic, for three weeks before the lady left me, with directions to continue it until her strength was restored perfectly; and then to lay it aside and use the Bedford alum spring water one season. Particular directions were given as to diet, a regular state of the bowels, and to guard against catarrhal influences.

This lady recovered rapidly, and now, fourteen years since the operation, enjoys excellent health for one of her age, being nearly 52 years old.

Case II.—*Scirrhus of the Os and Cervix Uteri.*—The subject was a lady, aged about 30 years, who had been married over seven years, but had never been pregnant, although her husband was apparently a very healthy man, and not over 35 years of age. Before marriage she had enjoyed only moderately good health, was somewhat anæmic, rather of sallow complexion, low spirited, her catamenia irregular in nearly all respects, and she was rarely, if ever, free from leucorrhœa. For several years before the writer was consulted, this lady represented that her general health was much impaired, so much so as to unfit her for the performance of even light domestic duties; and when he first saw her she was pale, bloated, exceedingly feeble, and without appetite.

The history given by the lady of her previous health, and her present condition, seemed to indicate the existence of some grave uterine disease, which a vaginal exploration disclosed to be precisely such as characterized Case I. The ulceration of the os and cervical canal, as well as the enlargement and induration of the neck, were

exactly similar, in all respects, as also the vaginal discharge. There being no doubt that the case was scirrhus, or rapidly tending to it, a diagnosis correspondingly was expressed to the lady and her friends; but fearing such might not be the case, it was determined to make trial of the caustic treatment as in Case I. This was done, and faithfully carried out, but after three months' trial was abandoned, not the slightest benefit having resulted; on the contrary, the enlargement and induration seemed to have increased, and excision was determined on, which in all respects was executed as in Case I. This operation, however, was not followed by hæmorrhage as in that, nor was the traumatic hæmorrhage considerable. On the contrary it was slight, and the recovery of the lady was singularly rapid and perfect. The same general treatment was adopted as in Case I., in all respects. It is now more than ten years since the lady was treated, and a short time since the writer was informed that she enjoyed excellent health, but was yet sterile.

Case III.—*Scirrhus of the Os and Cervix Uteri.*—The subject of this case was an unmarried negress, about 28 years of age, who had labored under uterine disorders over two years. From the history she gave of her previous health, ulceration of the os and cervix uteri was supposed to exist, as leucorrhœa, and a peculiar adhesive vaginal discharge often made their appearance, and the catamenial periods were generally attended with more or less pain throughout the pelvis, often referred to the uterus, or bladder, and frequently extending into the lower extremities, in some instances quite to the toes. The general health was apparently much impaired, as the woman was pale, anæmic, feeble, and bloated; with very little appetite, poor digestion, and the bowels generally constipated. A vagina-uterine exploration by the toucher disclosed ulceration of the os, and cervical canal, with considerable enlargement and induration of the cervix itself, strongly indicating malignancy, or a tendency to it in the affected parts. Hoping, as in the other cases, that the caustic treatment might, perhaps, meet the indications, a fair trial of it was made, but proved unsuccessful, and excision was advised, which the patient consented to, and which was performed without delay, after the manner of operating in Cases I. and II., and with a result equally fortunate.

Case IV.—*Elongated and Enlarged Cervix Uteri.*—The subject of this interesting case was a married lady in high life, from one of the extreme Southern States, and the writer thinks she was about 35 years of age. Her history represented that for some years the general health had been infirm, and that the disturbing cause was referred to uterine irregularity. Failing to obtain relief at home in the South, she sought the advice of a distinguished northern practitioner, under whose professional care she remained until the breaking out of the late war. She was sterile, never having had the slightest reason to suppose conception had ever taken place with her.

The case had been, from the first, regarded as uterine, and most of the treatment while in Philadelphia, the northern city visited by her, was directed to the uterine system. From the history I was satisfied the case was uterine, but could only conjecture as to its peculiar character, and proposed a vaginal examination by the toucher, which was consented to, and which revealed very considerable elongation of the cervix uteri, with some enlargement. The elongated cervix occasionally presented beyond the os externum, when it caused considerable pain as well as inconvenience with the lady, and was moulded into a tubular form, fully two or three inches in length, with a transverse diameter rather more than three-quarters of an inch, and the canal fully half an inch in diameter, bounded by thick ligamento-tendinous walls.

At the time the examination was made a large clumsy U pessary occupied the vagina, which had been suffered to remain a year or more, doing no earthly good, but, on the contrary, manifestly hurtful, and it was removed at the cost of considerable suffering to the lady. This unwieldy instrument, in all probability, aggravated the hypertrophic condition of the cervix by its presence as a foreign body, as well as by maintaining it almost constantly in unsupported and depending relations with the walls of the vagina. It seemed to act very nearly as the ring pessary does, which the writer has often found tended to cause undue elongation of the cervix if long continued; it very probably aggravated the leucorrhœal flow, which was generally present, as well as disturbed, in some degree, the catamenial flow, which, however, was more natural than might have been expected under the circumstances.

The treatment which was adopted consisted of various astringent applications to the offending cervix, the chief of which were powders composed of tannin and sulph. alum., in equal quantities, astringent washes of strong alum-water and tincture of the

unripe fruit of diospyros; and even the nitrate of silver was employed both in strong solution as well as in the dry state. For many weeks these measures were perseveringly employed, but without the slightest benefit; and believing nothing would relieve the lady of her troublesome infirmity but excision, it was advised, and was consented to and performed in the following manner:—

A moderately high bed was provided and properly protected with folded sheets. The lady was placed on the left side, the corresponding hip resting on the folded sheets and near the edge of the bed, with the knees together and the thighs flexed on the pelvis, so as to enable the operator to gain ready and unrestricted access to the region of the operation, and the faulty cervix with the right hand. Seated in a low chair, with the right to the edge of the bed, an attempt was first made to excise the cervix with strong scissors curved flatlong, conducted by the index finger of the left hand, and manipulated with the right, the whole proceeding being executed under cover. This attempt, however, failed, the dense ligamentous condition of the structures of the cervix refusing to yield to the scissors after repeated ineffectual trials to excise with them, and a scalpel with a short spear-shaped blade was employed. Carefully conducted to the proper point selected for the operation, about ten lines from the shoulder of the uterus, the point of the knife, guided by the left index, was forced into the anterior portion of the cervix with the right hand, pressing its back with the index and middle fingers at the same time, and rapidly carried around it with a sawing motion, the free portion of the organ being kept tense and out of the way with the left hand. In a few brief moments the operation was completed; was comparatively painless as well as bloodless; yet it caused considerable nervous shock. The depression, however, was soon followed by a tolerably well balanced reaction, which greatly composed the lady as well as inclined her to sleep, which, unfortunately, was interrupted by the sudden and unexpected appearance of a most deluging hæmorrhage after only a few hours of repose, displacing the medicated lint with which the wound was filled and well nigh destroying the patient. Fortunately, however, the hæmorrhage was promptly arrested by the energetic employment of the tampon medicated with the powder of tannin and alum, and strongly pressed against the wound until firm, restraining coagula formed.

The tampon was removed on the fourth day from the operation, having been loosened previously by suppuration, and the local treatment consisted now chiefly of daily vaginal injections of mucilaginous fluids, the chief of which was slippery elm-bark tea, used cool.

As constitutional remedies, for the purpose of repairing the waste caused by the hæmorrhage, the muriated tincture of iron was prescribed, aided by porter and a generous diet. The solubility of the bowels was maintained by the use of mild aperients only when needed. A rapid recovery followed, which enabled the lady to return to her home in the far South in a month or two, where she has continued to enjoy excellent health. It is now about seven years since the operation was performed.

The scirrhous transformations of the uterine cervix in the preceding cases would, in all probability, have become ulcerating cancers sooner or later, if excision had not been resorted to. That they were of malignant character the writer has not a doubt, and he founds his opinion upon the attendant phenomena before excision and the heterologo-carcinomatous structural appearances after their removal. In each of the cases the facies carcinomatosus was unmistakably apparent, indicating constitutional contamination, notwithstanding the growths were of small size.

Case V.—*Carcinoma of the Uterus.*—The subject of this case was a negress, aged about 35, married, but had never conceived, and who had for years suffered from uterine irregularities. The condition of the uterus, as regards its pathological relations, before the case came into the hands of the writer, could not be ascertained; but it is probable that scirrhous induration, as well as intra-cervical ulceration, had long existed, and very probably caused the woman's sterility. When examined *per vaginam*, the os and cervix, as well as a large portion of the body of the uterus, had disappeared entirely, as they could not be discovered by the most careful examination by the toucher; and the chasm remaining would have readily received an egg of moderate size. The examination caused some hæmorrhage as well as pain, and the woman represented that bleeding was of frequent occurrence.

The health of the patient was greatly impaired, as emaciation and debility had nearly rendered her helpless. So appalling was the condition of this poor woman that the writer, after a full examination, determined to discard the case, believing it ut

terly hopeless. The entreaties of the woman, however, induced him to alter his resolution, and merely to quiet her distress his consent to undertake to treat the case was yielded. To allow time for reflection, soothing vaginal injections were employed frequently during the day for several days. The bowels, in the mean time, were also attended to and regulated. At length it was determined to use the acid nitrate of mercury to the ulcerated uterus, which was applied by saturating cotton lint with it and then conveying the tampon-like body thus medicated to the affected parts through the expanded three-bladed speculum. The lint was heavily charged with the nitrate, but not to supersaturation, and carefully pressed into the ulcer. Over this was laid a thick pledget of lint saturated with salt water, carefully packed around the first dossil; and the whole being kept in position by moderate pressure made on its surface through the speculum with a probe, this last was carefully withdrawn without closing the blades.

Considerable pain was caused by the acid nitrate, but less than might have been expected. Salt-water injections were used to the vagina once in ten and fifteen minutes until the pain ceased, which subsided in the course of an hour. In three days, violent salivation came on, which continued over a month, during which there was no examination of the vagina or the ulcer. The lint came away during this time, but it was not known when. Vaginal injections of mild qualities were daily used. For the salivation the following mouth wash was employed, after various others had been used without any apparent benefit:—

℞. Acet. scil., ʒiiss.;
Spirit. nit. dul., ʒij.;
Mel. despum., ʒiv.;
Aq. fontan. sufficient to fill a ten-ounce vial.

This, used in small quantities two, three or four times daily as a collutorium, promptly arrested the salivation and healed the mouth.

The condition of the uterus was examined into the fifth week after the acid nitrate was applied, and most unexpectedly was found to have healed entirely, but no os, cervix, or appreciable body could be discovered, and all discharge had ceased. From this time the general health rapidly improved, and in two months the woman was, apparently, restored to sound health, her recovery being greatly promoted by the daily use of iodide of iron and a generous diet. She lived four years after this severe trial, enjoying good health most of the time, but finally died of some acute disease, of the nature of which the writer has never been informed. Under all the circumstances, this certainly is to be regarded as a most interesting case, and the result was as unexpected as it was fortunate.

Case VI.—*Cauliflower Excrescence.*—The subject of this case was a widow lady, about 50 years of age, who had borne many children, and whose health, down to the time her present disease commenced, was unusually good for a woman bearing children as rapidly as she had done. No reliable history of the early period of this lady's disease could be obtained; yet some uterine disorder was suspected to exist, and a variety of remedies had been employed in reference to such a state of the case. A vaginal examination was proposed and assented to; which, being directed through the toucher, disclosed the presence of cauliflower growths proceeding from the border of the os tincæ, with abraded ulcerations between the excrescences. The examination caused a slight bleeding, and there was an almost incessant discharge from the vagina of fœtid muco-purulent matter, often sanguinolent. The diagnosis, as stated in the caption, was cauliflower excrescence, and the following was the method adopted by the writer for its treatment. The lady being placed, as in the operation for scirrhus of the cervix uteri, the seat of the growths was brought into view by the employment of the three-bladed speculum, and so maintained by an assistant steadily supporting the instrument. By the use of scissors curved flat-long, the pendulous growths were now carefully excised in succession, which was greatly facilitated by drawing them forward and to one side, so as to fix and render them tense, with hooks. As soon as the bleeding moderated, a pledget of cotton-lint, saturated with a thin paste formed of gum-arabic and chloride of zinc, was applied to the surfaces of the wounds, and firmly pressed against them for a few moments. Over this another much thicker and saturated with potash water was laid, and kept in position with a probe, while the speculum was withdrawn without closing the blades, after which the probe was slowly and carefully removed. The chloride caused considerable pain, which, however, abated after a short time, and the lady then slept for some hours quietly. Recumbency in bed was enjoined, and mucilaginous vaginal injections were daily used from the second

day to the sixth after the operation, when the parts were examined. They presented rather an unfavorable appearance, the wounds being uneven and of fire-like redness, and the eminences, as far as could be determined, seemed to be augmenting. It was now deemed proper to use heat for the destruction of the malignant growths, for which purpose the incandescent flat-globe cauterizing iron was profoundly employed through a hollow metallic speculum, with thick walls to prevent accidental burning, one of wood or leather not being at hand. As soon as the rapid cauterization was completed, the vagina was freely washed with cold water through the speculum, and the cauterized surface covered with a pledget of lint saturated with cold water, held in position with a probe, and the speculum carefully removed. The vagina was injected daily with cool mucilaginous fluids, taking care not to disturb the lint by their too forcible application.

On the thirteenth day after the initial operation, the diseased parts were carefully examined, using for the purpose the three-bladed speculum, and in all respects they presented appearances most satisfactory, the lint having separated and come away on the day preceding. Fearing, however, as there was still a raw surface, as well as some unevenness of it, that the original disease had not entirely yielded, an application of the acid nitrate of mercury was made to it with lint medicated with that fluid, and guarded with a compress saturated with salt water applied over it. The speculum was now removed, care being taken to support the lint-dressing at the same time. Daily vaginal injections of mild mucilaginous fluids, such as have already been named, were used, the bowels were kept soluble with mild aperients, and the iodide of iron was used as a eutrophic tonic, aided by porter and a generous diet. After another week an examination was made, and the entire surface presented the appearance of having completely healed. No other topical remedies were now employed but the mild vaginal injections. The iodide of iron was continued until the general health was restored, as well as porter and a nutritious diet, with aperients when demanded. In three months this lady seemed to have regained her health perfectly; and to the present time, now more than ten years since her case was treated, is as healthy as any female of her age. There never has been the slightest return of the local disease.

Case VII.—*Cauliflower Excrescence of the Uterus.*—The subject of this case was a married lady, about 50 years of age, who had borne several children, whose general health during her pregnancies and the nursing periods was good, but since the critical period of life it had in some degree deteriorated, and during the three years next preceding her visit to the writer was much impaired. The general aspect of the countenance most strikingly indicated the facies carcinomatosus, and the symptoms referable to the uterus and vagina, as well as the bladder, excited strong suspicion of the existence of some grave disease in those organs. A vagino-uterine examination, with the toucher first and afterwards with the speculum, revealed the true character of the disease, and the diagnosis was cauliflower excrescence of the os uteri.

This case was treated in all respects as its immediate predecessor, except in the use of the incandescent iron; and without detailing the treatment, it may be stated that perfect recovery followed, and the lady now, more than eight years since she was treated, enjoys good health for one of her age.

Case VIII. — *Ulceration of the Os and Cervix Uteri.* — This interesting case occurred with a widow lady, aged about 35, and who, although she had been married some years, had never been pregnant. When the writer was consulted, the lady had been a widow five or six years, and the last two or three her health had greatly declined, especially during the latter portion of this period, at which time her condition was deplorably bad. The emaciation and debility were extreme; so much so that the slightest attempt to raise the body from a recumbent posture caused faintness. She was, after encountering great difficulty, brought to the village in which the writer resides, on a bed, and the first interview he had with her on her arrival was most discouraging.

This lady had been under treatment for womb disease over a year before visiting the writer, and, strangely unfortunate, had never received the slightest benefit from anything which had been done for her relief. Although presenting little to encourage, a vaginal examination was proposed and submitted to, which revealed extensive ulceration of the os and cervix uteri, with such devastation of those organs as to form a cavity large enough to admit a hen's egg. The surface of the ulcerated parts was uneven, being formed into prominences and deep sulci, was sensitive, and disposed to bleed when touched. For many months

there had been a wasting discharge of muco-pus from the vagina, and too frequent micturition. In many respects the ulcers resembled those of Case V., and it was feared it might be cancer, or rapidly tending to that condition. So unpromising, in all respects, was the condition of this lady, that the writer hesitated fully a day before consenting to undertake its treatment, next to be described.

The treatment consisted of cauterizations of the ulcerated parts, vaginal injections, and constitutional remedies designed to regulate the bowels and repair the general health.

For the purpose of cauterizing the ulcers, the position in bed on the left side was preferred, the legs being flexed on the thighs and the thighs on the pelvis; and the solid nitrate of silver was applied, with a suitable wooden crayon coated with it, under cover, directed by the left index finger and without the use of a speculum. To prevent accidental cauterization of the lining membrane of the vagina, a weak solution of common salt was injected two or three times quite up to the cauterized ulcers, immediately after each operation. Daily mucilaginous injections were used to the vagina. The bowels were kept soluble by mild aperients; and a generous diet was allowed, with mint julep before breakfast and dinner.

As constitutional remedies, two doses of the nitromuriatic acid mixture of 8 drops each were directed to be used before dinner and supper, mixed in cold infusion of wild cherry bark, and continued until the 7th day from the cauterization. On the 7th day the cauterization was repeated, and in all respects managed as the first. After this operation the muriated tincture of iron was substituted for the acid mixture, to be continued to the next cauterization. On the 12th day the operation was repeated and managed as the first in all respects. The iodide of iron now took the place of the muriated tincture, which, together with the blue phosphate, the lady continued to use until she left me. The cauterizations were now repeated once in 8 days, and at the expiration of five weeks this terrible case had so far ameliorated as to enable the lady not only to walk about the house and yard, but to return to her home some twenty miles distant.

After leaving the immediate care of the writer, the health of this patient improved rapidly under the use of the iodide of iron, and a generous diet, the mint julep being also continued, and in three months seemed to be completely restored; yet she returned then for an examination, which disclosed an inconsiderable ulcer of the os. This was cauterized twice after an interval of a week, and in a week more the lady returned home. For nearly two years the writer lost sight of this lady, only hearing occasionally, through her neighbors, that she had entirely recovered her health; until, meeting her in a store in a neighboring town, she remarked, in response to my complimenting her on her greatly improved and healthy appearance, playfully, that she felt as if she could bound over a gate post. It is now 12 years since this case first came under the care of the writer, and the lady remains well in all respects for one of her age.

The points of chief interest in this case were the great extent of the ulceration of the os and cervix uteri, the extreme emaciation and debility which accompanied it, and the rapid as well as perfect recovery which followed the method adopted for its treatment.* In largely over three hundred similar cases of ulceration of these organs, of nearly every conceivable form, extent, and depth—none, however, equalling in intensity the case reported — the writer has successfully employed the method described here, with such modifications as particular examples demanded from time to time, both in the topical and constitutional measures. Many of the cases were complicated with irritable bladder; retro- and antero-version of the uterus; various irregularities of menstruation; leucorrhœa; lumbago; neuralgia and partial paralysis of the lower extremities; neuralgia of the head, chest, back, hips, bowels, upper extremities; amaurosis; deafness; dyspepsia; mental derangement, or nervousness bordering on that condition; and generally, sterility with married females. Irritable bladder, attended with painful micturition, and anteversion, complicated a vast number of the cases. And virgins were very nearly as liable to this disease as married, or widowed females. The speculum was only employed in three of the cases of ulceration, and in these examples it became necessary, by reason of the great length of the vagina, and the high position of the uterus in its cul de sac, rendering the os and cervix inaccessible to the toucher.

Prince Edward C. H., Va., Jan. 10, 1870.

At the annual commencement of Bellevue Hospital Medical College, N. Y., Feb. 26, the graduating class numbered 140.

MEDICAL EDUCATION—A CASE IN POINT.

[Mr. Editor,—Much has been said of late on the necessity of better educating medical students, and probably with good reason in many quarters. But while deficiencies are thus persistently sought out and exposed, may not recent great advances be in danger of being ignored or underestimated? The systematic and thorough examination of patients by those who have just left the schools, the nicety of their differential diagnoses where there is obscurity and doubt, and their brilliant analyses of intricate cases, may really astonish a veteran just passing off the stage. It seems as though there never were so many talented, well educated, unpretending and zealous young men in the profession as have recently entered it. Their knowledge of disease, its manifestations and its sequences; their acquisitions in the many collateral sciences; their facility in utilizing the various appliances which the arts have placed in their hands, were certainly never exceeded, if ever approached in the generations that have gone before. Those now in midway course must look to their laurels or they will soon find themselves outstripped on the road. When our new comers shall have added to their acquisitions, derived largely from dispensary and hospital practice, a little experience in the *domestic* management of the sick, and this will soon come, the profession will have at the service of the community a phalanx of practitioners to be truly proud of; one never before equalled. Fortunate the community that can rightly appreciate the advantages thus placed within its reach; for now, as of old—

> "A wise physician skilled our wounds to heal
> Is worth whole armies to the public weal."

We have been led into the foregoing remarks by reading a report of a case, prepared by a medical student, in his second year, when drawn by lot to attend a patient and to report the case on a given day for the criticism of his fellow-students and teachers assembled for the purpose. The time was short, and, in casting about to find opportunity, he applied to a practitioner, who took him to the house of a patient whose case would try one's powers of observation and test his skill in diagnosis; and left him there, unaided.

A few days ago the manuscript of the report, as originally prepared, came into my possession, and I send it to the Journal, asking you and your readers if, on perusal, it does not go far to confirm my previously expressed impressions. Remember, it was only the ordinary task of a student (and there are scores with us like him), prepared without the remotest idea of publicity beyond the class-room—to meet the teachers' demand, and to be read *once* only to fellow-students. How many of us, after years of routine practice and so-called experience, could make a better exhibit? I give in my adhesion to the coming men. Here is the case. Old Subscriber.]

Case of Mild Typhoid Fever.

My patient is a lad of fifteen years, now fitting for college at an academy, and is apparently possessed of more than an average share of intelligence. On October 30th he first sought medical advice; and I obtained from him the following history.

About ten days previously he had begun to feel sick, was disinclined to study; had bad headache and was troubled with constipation of the bowels, which lasted about three days. He then took a dose of rhubarb, which caused an unexpected amount of purging, and more or less subsequent gurgling of the bowels. This, however, moderated in a day or two, but meanwhile he had grown so weak and his room was so cold, that he took to his bed. He had strength sufficient to have sat up if he had wished, but felt more comfortable in bed. After three days thus spent, he came home to Boston, being much exhausted by the journey, and appearing pale and haggard to his parents on his arrival. He was at home three days before they sent for a physician.

I found him up and dressed, and he was able to walk up stairs to see me. Tongue was moist and somewhat frosted at the back part, though bright and red at the edges. Pulse about eighty. Countenance sickly looking, and under the eyes and above the corners of the mouth of a dingy hue. Appetite he thought was not bad. Abdomen on pressure gave him no pain, and scarcely more tenderness was shown than one might expect from a part which even in the healthiest quickly resents intrusions. But scattered over the abdomen and the lower part of the chest were eight or ten papules or rose-spots which paled on slight pressure of the finger. There existed no tympanites, nor did I observe any sudamina. His bowels had been pretty regular since his return home, having a daily solid discharge. He had no cough, nor any bronchial disturbance. There was no chill when first taken. Urine was high colored and had been rather scanty.

Upon inquiry I found that typhoid fever had been prevalent among the academy students the past few weeks. The patient had suffered from frequent epistaxis during the early part of his illness. Sometimes it occurred in the night, his bloody pillow alone betraying it in the morning. He had noticed that he easily became heated, and sweated freely. On his arrival home his mother gave him the family panacea, "a good sweat," by piling on bed clothes and pouring down hot tea, which process succeeded in making him feel yet weaker. His mother remarked that he seemed to be tired and sleepy much of the time, and inclined to take naps on the sofa in the afternoon.

Tuesday, Nov. 2d, three days after, was revisited. Patient somewhat brighter. Bowels moved once or twice a day. Rose spots, save one or two doubtful remains, have disappeared. Temperature of axilla at nine o'clock, A.M. 99·2° F.; at half past four o'clock, 99·8° F. Pulse remains at eighty. Is still dull and sleepy in afternoon. Mother says he looks worse when asleep than when awake. Epistaxis occurred once since his return home. Tongue furred a little; urine was of a pale straw color. Upon examination, found reaction, acid. Sp. gr. 1017. Urophacin diminished very sensibly. Chlorides rather less than usual, and urea not abundant.

Monday, Nov. 8th. Seen again. Patient quite animated, pulse normal, temperature at five o'clock, P.M., 98° F., countenance more healthy looking. Still feels so weak that he keep the house. Talks a good deal about going out and doing various things, but is easily discouraged and wearied in doing any thing in particular.

The general absence of any marked local symptoms excludes the idea of any of the local diseases. The season of the year, the youth of the patient, his expose to contagion of typhoid fever and his feverishness lead one to look for that disease. The headache, prostration without adequate cause and the abdominal rose-spots rather confirm the suspicion. The hyper-catharsis, epistaxis and somnolency are also diagnostic of typhoid. Still these symptoms present a much more formidable array on paper than they did to my mind while examining the patient. Moreover he says he is subject to nose-bleed while in health. The prostration was less marked than in any case of typhoid I have ever seen, the patient being able to go about the house and do everything for himself. The absence of diarrhœa is a serious defect for a thorough case of typhoid. But although the symptoms are all slight, they amount to something altogether, and in my opinion the patient suffers from what Louis calls "latent typhoid," or "typhus ambulatorius."

The causation of this case has considerable interest. Sir Wm. Jenner in his recent address before the British Medical Association speaks of the firm establishment of the fact that drinking water is one of the greatest agents in the spread of typhoid fever; says it is, if possible, less disputable than the spread of cholera by the same means, namely, the contamination of the water supply by the excreta. Now at the Academy there is a large dormitory where most of the students live, and they all drink from a common well which is but a short distance from the outhouse vault. Also all the slops are poured out on the ground close to this well. The water is said to have tasted badly for years, and perhaps had some connection with the spread of the epidemic. There were, however, cases of fever in the town, and this year a greater number than usual according to the resident physician.

To what extent a physician would want to alarm a family by the assurance that a boy slightly ailing and about the house had typhoid fever is a question. I should give a favorable though cautious prognosis, bearing in mind that the mild cases of typhoid are thought to be even more liable than severe ones to perforation and peritonitis. We should be careful not to assure the patient of too speedy a recovery, as the symptoms though not intense, may be tedious and persistent, especially the weakness and listlessness. The removal from the neighborhood of the contagion allows us to expect a more favorable result with greater certainty. Another question which the physician must answer is, how soon may the lad return to school and run the risk of renewed exposure to contagion.

By removal from the Academy, and its surrounding deleterious influences whatever was their nature, I consider that the patient has had the most energetic treatment possible. Beyond this, rest in bed or on a lounge, sleep when desired, and a farinaceous diet, rice, toast and milk were enjoined. Baked fruit and lemonade were allowed, as there was no diarrhœa. The patient's family, fearing constipation, were anxious to have the bowels kept open. This desire was resisted as it should be. No drugs were given throughout the illness save the rhubarb taken at its first invasion, so that the disease presents its natural history. This method of treatment I find is

practically much more difficult to sustain throughout a case than is drugging.

CHLOROFORM AGAIN.

By another INNOMINATUS.

"MYSTERIOUS OUTRAGE AND ROBBERY OF TWO LADIES.—Mr. Philip Oliver, of Peabody, alarmed at the protracted absence of his wife, who had gone to Salem, started out on Saturday night, and when a short distance from his house, found his wife in an unconscious state on the ground, with a female friend of his named Adams. He procured assistance and took them home, when he found they had been robbed of all their jewelry, rings, breastpins, waterfalls, &c. A physician was called, and after some time succeeded in restoring them to consciousness. *They were evidently drugged with chloroform.* No clue has as yet been found to the perpetrators of this daring outrage."

The above is from a Boston paper of February 23d, 1870. Who beside the newspaper says they were "drugged with chloroform"? And is that the whole story? Who, and how many were the assailants? Can the ladies describe them, and the struggle? The last sentence, however, says—"No clue has as yet been found to the perpetrators of this daring outrage."

Occasionally we hear of some house entered and robbed, the inhabitants not being wakened, and we are told that it was done by the aid of chloroform, but no one seems to remember the struggle, nor the smell of the powerful drug. Is it possible, that the first whiff of chloroform will not awaken a sleeper? and even if overpowered and forced to take the second whiff, is it possible that the memory of the first should be lost?

Again we are told, that the air in a store filled with people is so impregnated with chloroform that pockets may be picked with impunity. But no one sees the assailant, and no one smells the drug, and none of the company but those whose pockets are picked remember that they felt queerly.

Within a week, the writer has seen a lady, who claims to have been made insensible in a dry goods store; walked a half mile afterwards; fell and bruised her head severely, while going up stairs in a friend's house; and remembers only the fall, and yet she was absent from home but two or three hours.

These are by no means isolated cases. But why attribute them to chloroform? Can chloroform be deodorized? Can the subject be put under its influence without knowing it? After he recovers from its sleep, can his memory of the first inhalation be blotted out?

Chloroform has enough sins to answer for. Is it guilty of all that it is charged with?

Two questions more. Who was the "physician called? and after some time succeeded in restoring them to consciousness?" How did he do it? Those of us who do not believe in chloroform would like to know how.

Bibliographical Notices.

Personal Beauty: How to Cultivate and Preserve it in accordance with the Laws of Health. By D. G. BRINTON, M.D., &c. &c., and GEO. H. NAPHEYS, M.D., &c. &c. Springfield, Mass.: W. J. Holland. 1870. 12mo. Pp. 346.

THIS book is not written to compete with Madam Rachel of "beautiful forever" notoriety. The embellishing procedures it recommends do not extend to rouge or painting; but only about as far as what the carriage renovators call "touching up and varnishing." It is well written, as is all that comes from the pens of Drs. Brinton and Napheys. But we cannot help feeling that its scope is hardly worthy the science and position of those gentlemen. Nice thick paper—very excellent type.

Clinical Lectures on the Principles and Practice of Medicine. By JOHN HUGHES BENNETT, M.D., F.R.S.E., &c. &c. Fifth American, from the Fourth London Edition. With 537 Illustrations on Wood. New York: William Wood & Co. 1870.

WE are the happy possessor of a copy of the newest American Edition. The last edition was noticed in this JOURNAL Nov. 28, 1867, with unqualified praise. We presume Messrs. Wood & Co. will have no copies left on their hands.

PROF. NATHAN R. SMITH has resigned the chair of Surgery in the University of Maryland, which he has filled with great ability for the past forty years.——According to the Catalogue of the Jefferson Medical College of Philadelphia for the session 1869–70, it appears that the number of matriculants for the session is 435.

Medical and Surgical Journal.

Boston: Thursday, March 10, 1870.

[We have again the honor of seeing this place in the Journal occupied by Dr. Jacob Bigelow. The following letters and extracts will throw further light on the subject of anæsthetic discovery, which has just been receiving a new phase from recent assumptions made in regard to it in the city of Edinburgh. A part of the correspondence has already been published.]

ETHER AND CHLOROFORM—BOSTON AND EDINBURGH.

CORRESPONDENCE OF SIR JAMES Y. SIMPSON AND DR. JACOB BIGELOW.

Boston, Feb. 27, 1870.

Sir James Y. Simpson:

Dear Sir,—In the *Edinburgh Daily Review*, Oct. 27, 1869, is contained some account of an ovation given in Edinburgh to Sir James Y. Simpson in recognition of certain material advantages enuring to that place from his residence in the city, and of his "*discovery*," in the words of the Lord Provost, "*the greatest of all discoveries in modern times, the application of chloroform to the assuagement of human suffering.*"

As this appeared to confound what may well be spoken of as one of the greatest discoveries of modern times, with the later and more objectionable use of chloroform to imitate its result, I endeavored to define the respective claims of America and Scotland, in an explanatory article, subsequently published in the Boston Medical and Surgical Journal, from which the following is a brief extract:—

"It is not wonderful that in the designs of Providence medicinal agents should exist, capable of averting pain by the suspension of sensibility. But the wonder is that after mankind has borne pain ever since the creation of their race, any person should be found of sufficient courage and strength of conviction to put through the untried and formidable experiments necessary to decide whether life could continue, under the inhalation of a scarcely respirable vapor, carried to such an extent as to destroy sensibility and produce apparent death. That man was not Sir James Y. Simpson."

My remarks were replied to with some asperity by yourself, in a letter sent to me, which I supposed to be of a private nature, and therefore sent you the following response, not then knowing that its publication in print had been already ordered by yourself.

Boston, U. S. A., Jan. 29, 1870.

Sir James Y. Simpson, Bart.:

My Dear Sir,—I acknowledge the receipt of your letter of the 3d inst., and have also received from a friend, a copy of the London *Medical Times*, both expressing disapprobation of remarks published by me in the Boston Medical and Surgical Journal for November 25, 1869. I at first had a question whether I should not publish a a part of your letter, with comments, but being unwilling to commit an act of discourtesy towards one for whom, in common with the rest of the medical world, I entertain an exalted respect, I lost sight of the matter.

I am not disposed to pursue the subject farther, now that it seems all parties are so nearly agreed as to the facts of the discovery. The erroneous impression seems to have been made by the Lord Provost of your city, whose seemingly exclusive assumption remaining uncorrected by any one, shut out the American hemisphere from the credit of the discovery.

Poor Morton is dead, and is to have a monument. He was not a man of much cultivation or science. But like the pioneers who have penetrated the Arctic regions and the deserts of Africa, he had a hardihood and tenacity of purpose which carried him where more cautious and perhaps better instructed men had failed to advance. As far as we know, he is the *only man*, without whom anæsthetic inhalation might have remained unknown to the present day.

I have requested my publishers to forward to you, through Messrs. Sampson, Low & Co., a copy of my work called "Modern Inquiries," which I shall feel

flattered if you will do me the honor to accept. Very respectfully yours,

JACOB BIGELOW.

But as your letter to me may, by its publication, tend to mislead the unprofessional part of the community, it becomes necessary to extend my reply, which I now publish as final; and before so doing, I have read your letter somewhat more carefully than at first seemed necessary.

Let me say at the outset, that you misstate my words when you represent me as saying that you were "not the first man to inhale a vapor to such an extent as to destroy sensibility." This was not what I said. What I did say of this "untried and formidable experiment" is reprinted above. Of course no man could experiment decisively on himself. No man, when etherized, could operate in any way on himself, nor could he, adequately, test on himself the degree of insensibility which surgeons require in their operations.

For more than twenty years sulphuric ether has been extensively used in the country of its discovery. It has proved itself to be one of the safest and most manageable of medicinal agents, and when administered to others may be fearlessly urged to the extent of profound insensibility, and to this extent it is always carried by humane and intelligent surgeons. It is only chloroform which has piled up its hundreds of cases of disaster and death.

To judge from the array of rules and precautions laid down in the *British Medical Journal* of Dec. 4, 1869, and copied as a curiosity in the Boston Medical and Surgical Journal of Feb. 17, 1870, almost a little science has grown out of the nominal and mostly fruitless precautions, which are brought out in showy opposition to possible, and too often probable deaths from the effects of chloroform.

You correctly quote the words of the Lord Provost, and I am quite ready to make due allowance for any "nervousness and timidity" which prevented you from disclaiming the honor of being one of the greatest medical discoverers of modern times, because you first applied chloroform to produce anæsthesia. But I felt it a duty, in behalf of my own country, to correct the statement of the Lord Provost, who obviously confounded the modern discovery of a *sure and safe anæsthesia* which belongs to Boston, with the subsequent application of chloroform to the production of anæsthesia in Edinburgh; and was the more impelled to do this because the same mistake not unfrequently occurs through the ignorance or inadvertence of English writers; and especially because there seemed to be also a tendency, in some of your own writings, to foster and encourage this mistake.

Here was the great medical discovery of the nineteenth century, perhaps the greatest since the creation of the world; which dated from experiments made in Boston, in Tremont Street and at the Hospital. It furnished to the world a *complete and optional exemption*, during several hours at a time, *from the severest pain*; an anæsthesia *sure to occur* when desired, in every case without fail, and which *was free from danger* (which cannot be said of chloroform); an anæsthesia unlike any previous one, at once *certain, complete and innocuous*. Such was this discovery, of wonderful perfection at its very outset. No European surgeon then pretended to have heard of such a discovery before, and your own English friends were among the first to recognize its magnitude. It was revealed to the world, not gradually, but flashed upon it abruptly: and in less than three months afterwards, "in grateful and unhesitating recognition of it, the entire civilized world simultaneously rose up to hail it with acclamatory welcome." This was in 1846.

We may now turn for your own recognition of this boon to the human race, to the "Encyclopedia Britannica, 1854," article "*Anæsthesia*," and read "*See Chloroform.*" Under the latter title, we find an elaborate article of many pages, containing as one of its titles, the "*History of Anæsthetics*," and the following paragraph offered as this "*History.*"

"The vapor of chloroform was first proposed by Dr. Simpson as an anæsthetic agent in surgery and midwifery in 1847. For a year previous, the vapor of sulphuric ether had been *used to a considerable extent*, both in America and Europe, for the purpose

of inducing insensibility to pain in surgical operations. It was first practically adopted for this purpose in 1846, by Dr. Morton, a dentist at Boston in America. Subsequently, Dr. Charles T. Jackson, of that city, claimed the right of having suggested to Dr. Morton sulphuric ether as an agent capable of producing insensibility to pain. But the power of producing, by the vapor of sulphuric ether, an insensibility exactly like that produced by the inhalation of nitrous oxyde gas, *had been long previously known," &c. &c. &c.*, and so on back through that history of the middle ages which you have substantially reproduced in the letter you have sent me.

This from an article signed J. Y. S., is offered by you as a "History of Anæsthetics"—a history of the great modern discovery of a sure and safe anæsthesia by ether, completed and perfected years before this was written. No "nervous and timid" condition dictated the deliberate sentences in this "History of Anæsthetics" by Dr. J. Y. Simpson. The excuse that they were uttered "on the spur of the moment" will hardly serve to cover this inversion of historical order in favor of the self-exaltation of the writer. This was not a time when there were only "a few, short minutes." The ample pages of the "Encyclopedia" afforded you abundant opportunity for doing liberal justice to the great American discovery, had you so intended.

Your possible reply that this was an article on chloroform, not ether, will hardly avail one to whom the whole subject of anæsthesia by inhalation was intrusted in a great literary and standard work, and who availed himself of this opportunity chiefly to place himself conspicuously in the foreground.

The letter you have done me the honor to address to me, is open to criticism of the same general character. A considerable part of it is occupied with a cloud of antiquarian dust, of which the only apparent result is to obscure the truth, and create a confusion in the mind of readers, in the midst of which, chloroform may be advantageously introduced. Your logic confounds in the same category both beneficent and detrimental agencies, the etherization practised in America, and the cruel spectacle of the asphyxiated dogs in the Grotta del Cane. No one will disagree with you that it would have been "sadly out of place on such an occasion and with such an audience," to have entered into the details of "soporific vapors and measures employed by different olden surgeons in Greek, Roman, and mediæval times, with the view of rendering their operations painless to the patient." In this way you say you "might easily have shown that the idea of making a patient anæsthetic," was a kind of knowledge (what knowledge was there?) familiar even to non-professional writers of mediæval and of later times, and that some theological writers, like Origen, for example, in the third century, allude to the artificial production of anæsthesia in surgery, as a well-known practice." You also quote the "Abbot Bower," and "the Monk Joceline," who alludes to an instance of it in the Hagiology of Scotland, &c., and so on down to the times and discoveries of Sir Humphrey Davy, about seventy years ago.

I did not desire to provoke this mediæval history; I only wished that you might have explained what the Lord Provost evidently did not understand, the difference between the modern discovery of anæsthesia and the less important use of chloroform.

Everybody knew that people could be made drunk with alcohol, or narcotized with opium, or asphyxiated and poisoned with noxious gases, or made insensible with nitrous oxyde. But these expedients were all abandoned even by their strong partizans as *uncertain* or *unsafe*. No educated surgeon would have recommended one of them in a case of responsibility, as efficient or free from danger. But with ether came "the triple and demonstrated discovery, not of a probable and untrustworthy, but of an inevitable, complete and safe anæsthesia."

Your prolix mediæval history is simply irrelevant and its application illogical. A man who would believe your deductions from it, would also believe that balloons and gas lights were known to the ancients because the classical writers believed in wax wings, and subterranean fires. Sir Humphrey Davy must be exonerated from

all practical knowledge of anæsthetic inhalation. Otherwise he is chargeable with all the tortures of amputation and lithotomy which have taken place since he made the discovery and concealed it.

The great discovery having been made of a secure, perfect and always attainable anæsthesia, the substitution for ether of chloroform, preferable in odor and bulk, but so far more dangerous that no life insurance company would take the risks as equal, is a matter of much less important detail.

And so of the further application of the newly discovered anæsthesia to the different forms of pain. You object to my statement which you quote, that anæsthetic inhalalation "began in America, and was first used in the extraction of teeth, and afterwards in capital operations in the Mass. General Hospital, and in obstetrical practice;" the last three words of which, afford you the text for several paragraphs of animated invective with which you close your letter. Had I attached the same importance which you do to your agency in this detail of obstetric application, I should probably have given it more prominence and careful attention. I do not now question that you were the first to use ether in labor, but who first introduced anæsthetics in obstetrical practice is a matter of limited importance. Soon after the great discovery of etherization was made, the pages of medical journals, and the meetings of medical societies, were crowded with reports of its application to most of the ills and difficulties which flesh is heir to—colic and convulsions, dislocations, hernia and parturition, neuralgia, gout, gravel and gallstones—each heralded by its respective claimant as an original discovery. The several glories of these *ex-post-facto* benefactors of man, may perhaps pass into oblivion, unless rescued by some future Council of Edinburgh. The world is more interested about the origin of great discoveries than the question who afterwards suggested their various applications.

Finally you allude to the monument erected in Boston by a public spirited individual, and which, among others, bears the following inscription. "To commemorate the discovery that the inhaling of ether causes insensibility to pain; first proved to the world at the Massachusetts General Hospital, in Boston, October, A.D. 1846." You inquire why no individual names were inscribed upon it. I reply, because it was intended only to commemorate the city of Boston as the birth-place of the discovery; perhaps in prophetic view of some effort to confuse the history and relations of the whole subject, and then to connect some other name and place with this discovery.

Mankind are not apt to forget their benefactors, nor even those who stand in the place of benefactors. They cheerfully unite in ovations and festivities given to distinguished men by "their friends and fellow citizens." But the suffering and now exempted world, will not forget the poor dentist, who amid poverty, privation and discouragement, matured, revealed and established the most beneficent discovery which has blessed humanity since the primeval days of Paradise.

Your obedient servant,

JACOB BIGELOW.

EXTRACT OF CONIUM.—We have been favored with the following explanatory note to Mr. C. I. Eaton, of Boston, from Dr. E. R. Squibb, of Brooklyn, N. Y.:—

DEAR SIR,—I tried to explain the difference in the extracts of conium seed in my notes to price list, but the inquiries I have received since show that I failed, and the time required to write out plainer explanations makes serious inroads upon my occupation.

I had 101 pounds of the undried fruit or seed collected, and separating the 1 pound had the 100 pounds ground up at once with alcohol while fresh. The 1 pound was carefully dried, as is usual in preparing the dried fruit. In drying, this 1 pound lost 65 per cent. of its weight, weighing just 35 per cent. of what it weighed when green. Then the 100 lbs., guided by this experiment, was made to measure minim for grain of the 35 pounds. That is, the 100 pounds green represented 35 pounds dry, or 245,000 grains, and the resulting fluid extract was made to measure 245,000 minims. Therefore the difference in strength between the preparation made from the dried and the undried fruit is, that the latter is stronger by the amount of active principle, which would have been lost in the drying, as

stated in the note on the list. How much this is I cannot tell, but it cannot be enough to affect the dose very much, since the same dose is often used of the fluid extract of the leaf and fluid extract of the seed, when the latter is from five to seven times stronger than the former.

Very truly yours, E. R. SQUIBB.

WE have received the Fifth Annual Catalogue of the Officers and Students and Programme of the Course of Instruction to the Massachusetts Institute of Technology, 1869–70. We copy the passage relating to—

"*The Architectural Museum.*—A large number of photographs, prints, drawings and casts have been collected for this department, by means of a special fund raised for the purpose. This collection includes a number of English and French water-colors, mostly of architectural subjects, several lithographic publications issued by architectural students in England and on the continent, and photographs from the competition drawings for the Foreign Offices, the Law Courts, and the National Gallery in London, and others from French competitions for public buildings, and from the *Concours* of the *Ecole des Beaux-Arts*.

"The collection of casts comprises both architectural details and specimens of carving and sculpture illustrating almost every period of art. It includes a large and valuable collection of sculptures from the choir of Lincoln Cathedral, and contains also several models of temples and other buildings lent to the School by the Boston Athenæum.

"To these collections the following additions have been made by gift:—

"A considerable collection of photographs and lithographs of great interest presented to the Institute by French and English architects, taken from their own works and from their drawings, including photographs of the details of the New Opera House in Paris, presented by Mr. Charles Garnier.

"A complete series of drawings, mostly presented by Ernst Benzon, Esq., of London, formerly a merchant of Boston, illustrating the course of Architectural instruction in the *Ecole des Beaux-Arts* in Paris. *Esquisses-Esquisses, Projects Rendus, Projet d'ordre, Projet de Construction, Grand Prix de Rome, Envoi de Rome.*

"Specimens of modern English stained glass and tile-work, partly purchased, and partly presented by the makers, with cartoons and drawings illustrating the processes of the manufacture.

"Besides the publications of the Royal Institute of British Architects, and of the Architectural Institute of Scotland, and the miscellaneous papers of the Architectural Publication Society, presented by the authorities of these institutions, the following valuable works have been added to these collections by the French Minister of Public Instruction:—Monographie de la Cathédrale de Chartres; Statistique Monumentale de Paris; Monographie de l'Eglise Notre Dame de Noyon; Iconographie Chrétienne; Comptes de dépenses de la construction du château de Gaillon; Histoire de l'architecture monastique."

We are told that the pupils make "Excursions for the Inspection and Study of Machines, Processes of Manufacture, Buildings, Works of Engineering, Geological Sections, Quarries, and Mines. In aid of the practical studies of the School, and as a means of familiarizing students with the actual details of work, they are required to make visits of inspection to machine-shops, engines, mills, mines, furnaces, and chemical works, and to important buildings and engineering constructions which are within convenient reach.

"With a like view they are expected to spend parts of their vacations in excursions for observation and practice."

NAVAL STAFF RANK.—We should suppose that the straightforward letter of General Sherman would decide the naval committees in favor of positive rank for the naval "staff." The general distinctly states that "In the army all our 'staff' officers have actual rank. They hold commissions from the President as generals, colonels, majors, captains, etc., which fix their pay, allowances, precedence and privileges generally. But the sixty-second article of war clearly establishes who is to command." This is exactly the status asked for in the navy, viz.: positive rank for paymasters, surgeons and engineers—their authority to be confined by law to command in their respective departments alone. The gallant general, alluding to his naval experience, tersely remarks that he "does not want to go to sea in any vessel with more than one captain, or when, in case of accident to him, the right and power of his successor are not clearly defined by law or naval custom." This is the very point for which "staff" officers have been contending for years. They, too, want but one captain; and it is

absurd to suppose that chaplains and surgeons want to command vessels, or that the mere fact of their having actual rank would produce insubordination. "The object of all rank," says General Sherman, "is not so much to confer power and honor as to fix responsibility;" hence the necessity of an appropriate, actual rank for the staff of the navy, and a legal status which will protect them against the presumption that rank means power and a naval command.—*Boston Daily Advertiser.*

From a very valuable lecture on some points in the Clinical History and Pathogeny of Locomotor Ataxy, read before the Medical Society of the County of New York, Jan. 3d, 1870, by Meredith Clymer, M.D., we make the following extracts. The lecture is published in the New York *Medical Record.*

"The name locomotor ataxy is not a happy one; it sets forth a single objective symptom—motorial incoördination—which is not prominent, even if present, in the early stages, and is not proper to this disease, for it is met with in many other and very various affections. * * * *

"Let me briefly define motorial ataxy or asynergia:—A centric nervous disease, manifested by certain sensory and motory disorders, as: sight-troubles, transitory or permanent; sudden violent darting, or tearing, or burning, or boring pains, most often in the lower limbs, with other perversions of sensation; impaired adjustment in the several groups of muscles which naturally work harmoniously together in such acts as standing, walking, and handling; muscular power often but slightly lessened; sexual appetite and ability frequently impaired or abolished; nearly always progressive in its course; the anatomical characters being sclerosis of the posterior columns, disintegration of the gray substance of the posterior cornua, of the spinal cord, with atrophy of the posterior nerve-roots, and sometimes structural change in the cranial nerves, chiefly the second, third and sixth.
* * * * * * * * *

"My own observations have led me to believe that there is a *formative stage* of the disease, betokened by certain symptoms, and which, so far as I know, have not been noticed by writers. They happen some time before the initial ocular disturbances, or the pain-spells, or unequivocal unsteadiness of gait, or indeed any of the symptoms usually attributed to the outset of the malady, and are mostly shown in the upper segments of the body. They consist of slight motory deficiencies and sensory annoyances, both often so insignificant as to escape the attention of their subject or his intimates. There will be awkwardness in handling small objects, as picking up a pin, or match, or putting a lead in a pencil, or tying a knot, fastening a cravat; the fingers are clumsy and not alert; things are not grasped, held, and taken up with wonted nimbleness and dexterity; they are no sooner seized and lifted than they are dropped; unpleasant sensations are felt in the skin of the face, as the tip of the nose, small areas in the temples, cheeks, lips, and are spoken of as tinglings, crawlings, as if an insect had alighted upon or was moving over the part; there may be occasional, deep-seated quiverings of the flesh, particularly in the eyelids, or lips, or cheek; a feeling of numbness, confined to a small space in one of the lips, or of being suddenly touched there by something very hot or very cold, with a tendency to fall asleep in the arms and legs, when sitting or lying down, giving the sensation of 'pins and needles,' particularly in the fingers and toes. Some indecision in the motions of both the upper and lower extremities may exist, with occasionally a notion of their being weighted, stiffness of the joints, effort in rising from a seat, weariness after small muscular exertions, with steady aching in the nape of the neck and small of the back, and lessened sexual appetite. Neuralgia may be occasional, but the ocular disturbances are either wanting or only manifest in the form of defective visual accommodation, or contracted pupils. If experience shall confirm the constancy of an inceptive stage with certain signs, we may perhaps be able to meet this insidious disease at a period before serious structural disorganization has taken place, and successfully check its subtle advances.
* * * * * * * * *

"Another source of error has lately been mentioned by Dr. Brown-Séquard. He writes: 'In ataxis, from lesions of the posterior columns of the cord, involuntary spasmodic movements are often mixed with those purely volitional, thus giving to these the appearance of as much, or even more power, as in the natural state; from which follows the assertion that there is no palsy, whilst there really is, and that too often in a notable degree.' (*Annales de Physiologie, Nor. et Path.*, t. ii. p. 761, 1819.)

"Whatever may be the value of these theories towards the solution of the com-

plex problem of the motorial troubles in locomotor ataxy, they do not help us to a right understanding of the intimate nature of the affection. The genetic cause is still to be sought. The connection between the disorders of the cranial nerves, so frequent at the outset, and later spinal symptoms, with their relation to structural changes in the cord situally remote, without any necessary implication of the intervening nerve-tissue, has not been made out. These phenomena are certainly not accidentally coincident; they are plainly parts of the same morbid processes, whose uniting link is yet wanting. May it not be found with a better knowledge of the physiology and pathology of the sympathetic nerve? The premature senile decay of some ataxics, compared with the persistent vigorous general nutrition of others, is note-worthy, and merits investigation."

We have received the Second of a Series of Contributions from the Physiological Laboratory of Yale College. It is on the influence of Mental Activity on the Excretion of Phosphoric Acid by the Kidneys. By Luther Hodges Wood, Ph.B., M.D. We give the following portions of it:—

"The most marked result obtained in these experiments, is the *great increase* of *earthy* phosphates whenever mental activity is *diminished*. This fact is constant in the whole series. Both nervous and cerebral tissue are rich in phosphorus, and this when oxidized will yield phosphoric acid; hence, *cæteris paribus*, most phosphoric acid will be found in the blood, and consequently in the urine, when these tissues are most rapidly undergoing oxidation. From this it follows that if increased activity of the organs containing these tissues, gives rise to increased disintegration and oxidation of them, the products of this oxidation would be increased in the urine; and hence, that the total phosphoric acid would be thus increased. But on the contrary if this activity consists in a more rapid growth and less decay of these tissues, then there would be found less phosphoric acid in the urine. The total amount of phosphoric acid excreted, however, does not appear, in these experiments, to be altered by changing the mental condition, sufficiently to draw any positive conclusions; but when it is separated according to whether it is combined with alkaline or with earthy bases, we find it to be greatly varied by changing the amount of brain work. If we assume that the *alkaline* phosphates result from this metamorphosis, then, since they are increased by study, the disintegration of nervous tissue would be correspondingly *increased*; while if the *earthy* phosphates have this origin, then, as they are *diminished* under these circumstances, there must be *less* oxidation of these tissues when the mind is actively engaged. Consequently it would follow that the same law which the researches of Dr. Noyes and Dr. Parkes have shown to be true of muscular tissue, namely, that it grows during a state of active exercise, is true also of nervous tissue.

"Now, inasmuch as the alkaline phosphates are not increased in any proportion to the amount of increase of mental labor; while the earthy phosphates are diminished in a very much greater proportion by the same means; it seems probable that the latter of these hypotheses—that mental labor diminishes the amount of earthy phosphates excreted, and consequently that nervous tissue grows when in a state of activity—is the true one. * * * * *

"It will be seen, from what has been already stated, that my results do not agree with those of Dr. Hammond, though all the series here given agree well among themselves; indeed, so far as any inference can be drawn, they prove just the opposite. * * * * * * *

"It is possible that in the experiments of Hammond and of Mosler, the mental exertion was carried to the point of fatigue, which is not true of any of the experiments recorded in this paper. If that were the case, the fact would be another link in the chain of evidence that nervous tissue follows the law governing the action of muscular tissue; and that, just as the latter, as Dr. Noyes has shown, produces an increased amount of urea in the urine only when exercised beyond the point of fatigue, so the former gives under the same conditions only an increased excretion of phosphates. * * *

"The results obtained in the foregoing research may be thus summed up:—

"1. The *amount of urine* excreted varies at different periods of the day, even on a fixed diet; the day-urine exceeds the night-urine in the ratio of 3 to 2. The largest amount is excreted during the forenoon, the next largest in the afternoon, then comes that of the latter part of the night, and lastly that passed in the early part of the night.

"2. The *density* of the urine varies inversely as the amount of urine passed; the morning-urine having a higher specific gravity than that excreted at night.

"3. The *total amount of solids* excreted is greater during the day than during the night by nearly 50 per cent.; thus showing that the density is not diminished in proportion to the amount of urine passed.

"4. The *reaction* of the day-urine is uniformly alkaline, that of the night-urine acid; while, however, acid urine is excreted during both periods of the night, it is the morning-urine only that is alkaline, that of the afternoon being acid.

"5. The total *phosphoric acid* excreted per hour on an ordinary diet, is largest during the day, rising highest after the principal meal; while on a fixed diet, the excretion is greater at night, the maximum being reached during the first half of the night, the amount diminishing in the afternoon; it is less still at 7 A.M. and least at 1 P.M.

"6. The *alkaline phosphates*, when an ordinary diet is taken, are greater by day than by night; on a fixed diet the reverse is true.

"7. The *earthy phosphates*, on the other hand, are largest in amount during the day, both on ordinary and fixed diets.

"8. The *total phosphoric acid* is very greatly affected by the amount and kind of food taken.

"9. The *variations* in the amount of phosphoric acid, considered as a whole, are not sufficient to afford any indication of the previous mental condition.

"10. The *alkaline phosphates* are only *slightly increased* on increasing the amount of mental labor.

"11. The *earthy phosphates* are *diminished* under the same conditions, by an amount varying from 20 to 40 per cent.

"12. *No such increase of phosphoric acid* as would be required by the theory of the disintegration of nervous tissue during action, was observed in these experiments.

"13. The *alkalinity* of the day-urine is not due to the presence of alkaline phosphates in excess.

"The results given in figures in the tables, are plotted in a series of nine diagrams appended to this thesis. They are intended to illustrate more clearly all the variations in the excretion of phosphoric acid—whether considered as a whole, or divided according to its combination with alkaline and earthy bases—which I have observed as a result of my analyses."

DEATHS FROM CHLOROFORM.

The Death from Chloroform in Brooklyn, N. Y., reported in the Journal of 3d inst.

Mr. Editor,—The paragraph copied into the Journal of the 3d inst., from the *Boston Post* of the 21st ult., concerning the recent death by chloroform in Brooklyn, N. Y., does not give a correct idea of the case. The woman did not take chloroform of her own accord to allay pain, but it was administered to her by the physicians of the Flatbush Avenue Dispensary to facilitate the reduction of a dislocated shoulder. The physicians testified before the coroner's inquest that not more than two drachms of chloroform was administered; that the "deceased was a stout woman and with good color"; that she came under the influence of the anæsthetic most kindly, but ceased to breathe very shortly after. The husband, then, did not inflict "injuries which led to her death," but she died, according to the testimony of sworn medical men, from the effect of chloroform. The jury, however, returned the verdict that the deceased came to her death while under *medical treatment* from organic disease of the heart, and from no *other cause*. This verdict was probably based upon the fact that the physician who made the autopsy testified that the "heart was large and flabby"!

E. B. Harvey, M.D.

Westboro', March 5, 1870.

The Commencement of the Massachusetts Medical College took place yesterday under most favorable auspices. In addition to the usual attractions of the Anatomical Museum, visitors were greatly interested in a collection, large in number, of dissections of the internal ear, made by Dr. Clarence J. Blake, of the class of 1864. "Very admirable" was the term freely accorded to these preparations by those whose good opinion is most of all desirable.

President Eliot, in academic robes, led the way to the Audience Hall, attended by the Rev. Dr. Peabody, and followed by the Overseers of the College, the Faculty and invited guests. In the small but select procession was the Hon. Charles F. Adams, Rev. Dr. Neale, Dr. Tyler, Superintendent of the McLean Asylum; Dr. H. I. Bowditch, President, and Dr. George Derby, Secretary of the State Board of Health, Dr. John Bacon, and other gentlemen of note.

On the side of the Hall was conspicuous, a marble tablet, enclosed in a chaste black-walnut frame, and bearing this inscription:

"In Memory of the Graduates and

Members of the Medical School of Harvard University, who fell in the Army and Navy of the United States during the War of the Rebellion.

Erected by the Class of 1869–70.

John Lawrence Fox,
Chas. Henry Wheelwright,
Francis Miller McLellan,
Samuel Lee Bigelow,
Edward Hutchinson Robbins Revere,
William Henry Heath,
Samuel Foster Haven,
Robert Ware,
Lucius Manlius Sargent,
Ira Wilson Bragg,
John Edward Hill,
Dixi Crosby Hoyt,
Henry Sylvanus Plympton,
Edward Bromfield Mason,
John Fletcher Stevenson,
William Borrowe Gibson,
Neil K. Gunn,
James Wightman,
Eugene Patterson Robbins,
Henry Livingston Dearing,
Nathaniel Bowditch."

The following was the Order of Exercises: —Prayer, by Rev. Professor Andrew P. Peabody, D.D., LL.D. Dissertations, selected for Public Reading:—1. Lead Poisoning, Horace Stanwood Everett, Newton, Mass.; 2. Aphasia, Richard Cranch Greenleaf, Boston, Mass.; 3. Cleft Palate, Thomas Wilson Hogue, Edinburgh, Scotland; 4. Alcohol, Henry Mitchell Keyes, New York; 5. Abscess of the Prostate, Norman Perkins Quint, So. Malden, Mass.; 6. Diabetes Mellitus, George Hill Smith, Truro, N. S. Conferring of the Medical and Dental Degrees, by Chas. W. Eliot, LL.D., President. Address, by Rev. Prof. Andrew P. Peabody, D.D., LL.D. Benediction.

The dissertations were highly creditable to the young men who delivered them, and to their instructors.

It was a privilege to listen to the address of Dr. Peabody. It was sound, learned and searching, and while studiously avoiding the character of a homily, appealed to the highest aspirations. The following passages, taken here and there, especially struck our attention:—

Formerly, he said, physicians often did more harm with their medicines than did disease; as firemen frequently work more damage with water than the element they combat is capable of. * * * * In describing what physicians ought to be, he said it is more important what you *are* than what you *know*. * * * If in mind and in heart, in quality as well as quantity of being, you are worthy of your calling, your very presence will be a source of healing. * * * The accomplished scholar of to-day will, if he rest satisfied with his present attainments, be an ignoramus five years hence. * * * The man who confines his thoughts to one object of mental pursuit will find the range of his ideas following, not even a returning circle but a spiral growing constantly less, and not *beautifully* so. * * * In his inculcation of the necessity of culture of mind, of heart, and of manners, he said that without these, doctors would eventually be treated like the *leech*, which by an ungraceful metonymy had once been made to designate our profession—loathed, used, and then cast away.

Alluding, toward the close, to the want of additional accommodation at the College, Dr. Peabody said the fault was with the instructors, and the difficulty would be removed by superseding them with inferior men.

The following is a list of the members of the graduating class, with their residences and theses:—

Bearsto, Peter McNutt, *Malpeque, P. E. I.*
Inflammation.
Blood, Robert Allen, *George's Mills, N. H.*
Pulmonary Tuberculosis.
Brigham, Charles Brooks, *Boston,*
Diabetes Mellitus.
Brown, James Raymond, *Summerside, P. E. I.*
Scarlatina.
Bushee, James Anson, *E. Boston,*
Physiology of the Human Blood.
Cahill, George, *Boston,* Diseases of Children.
Caldwell, Arthur Brooks, *Loudoun, Va.*
Neuræsthenia.
Childs, Henry Edward, *Hartford, Conn.*
What is the proper time to give Medicines.
Carver, Rufus Herbert, *Taunton,*
Vomiting in Pregnancy.
Dakin, Robert Augustus, *Halifax, N. S.*
Yellow Fever.
Emery, William Henry, *Boston Highlands,*
Alcoholismus.
Everett, Horace Stanwood, *Newton,* Lead Poisoning.
Greenleaf, Richard Cranch, *Boston,* Aphasia.
Guzman, Carlos Constantine, *Central America,*
Asiatic Cholera.
Gavin, Patrick Freebern, *Dublin, Ireland,*
Leucocythemia.
Hitchcock, Alfred Owen, *Fitchburg,* Pneumonia.
Jones, Miles Benjamin, *Otis,*
Regimen of the Sick room.
Kendall, Francis Marshall, *Boston,*
Penetrating wound of the Abdomen.
Keyes, Henry Mitchell, *New York,* Alcohol.
Landry, Alexandre Pierre, *Clara, N. S.* The Blood.
Leavett, Erasmus Darwin, *Boston,* Embolism.
Milsom, Thomas, *Halifax, N. S.*
Pulmonary Tuberculosis.
Moffett, Frank Tifft, *Littleton, N. H.*
Pathology of Diabetes.
Meacom, John Francis, *Beverly,* Sleep.
McCarthy, Jeremiah Joseph, *Charlestown,* Hysteria.
Morse, Edward Gilead, *Boston Highlands,*
Hip Disease.
Page, Charles Whitney, *Fitchburg,* Heat.
Quint, Norman Perkins, *So. Malden,*
Abscess of the Prostate.
Shannon, James Griswold, *Boston,*
Acute Lobar Pneumonitis.
Simpson, John Henry, *Boston,* Scarlet Fever.
Smith, George Hill, *Truro, N. S.*
Diabetes Mellitus.
Smith, Herbert, *Truro, N. S.* Acute Peritonitis.
Smith, Roscoe, *Peru, Me.,*
Acute Lobar Pneumonitis.

Stanley, George Henry, *Slatersville, R. I.* Anæmia.
Stevens, Charles Wistar, *Charlestown*, Lipothamy.
Stevens, George Beckwith, *Castine, Me.*
Pyæmia after Surgical Operations.
Stackpole, George Edmund, *Boston*, Melancholia.
Tupper, Augustus Maclauchlan, *Woodstock, N. B.*
Typhoid Fever.
Wade, John Roger, *Digby, N. S.* Diphtheria.

Members of the Graduating Class in Dental Medicine.
Codman, John Thomas, *Boston*,
Value of Nerves in Teeth.
Davis, William Francis, *Westfield Mass.*
Orthodontia.
Grant, George Franklin, *Oswego, N. Y.*
Chemistry of the Mouth.
Ham, Samuel Franklin, *Boston*,
Manufacture of Porcelain Teeth.
Harrington, Daniel Grout, *Boston*, Inflammation.
Hogue, Thomas Wilson, *Edinburgh, Scotland*,
Treatment of Congenital Cleft Palate.
Loveland, Timothy Otis, *Chatham, Mass.*
Development of the Teeth.
Noyes, William Henry, *Newburyport*,
Prevention of Caries.
Parmele, George Luther, M.D., *Hartford, Ct.*
Epithelioma.
Thornton, William Henry, *Providence, R. I.*
Extraction of Teeth.
Ward, Frank Edward, *New Bedford*,
Artificial Dentures.
Wilson, Charles, *Orleans*, Neuralgia.

SMALLPOX IN A WORKHOUSE.—Dr. Macaulay, the Medical Officer of the Brentford Union, stated in his report of the last week that a tramp suffering from smallpox had been admitted into the Workhouse Infirmary from a common lodging-house, there being no less than 135 patients in the ward at the time. Two days after his admission the disease was communicated to two patients in the ward, and day after day fresh cases broke out. An old man named Barnes, who was under treatment for a broken leg, was attacked with the disease, and died two days afterwards. There are now thirteen bad cases, and others are sickening. In addition to this, relapsing fever has appeared in the house, which contains in all 600 persons.—*London Medical Times and Gazette.*

ERRATA.—In Prof. Greene's article on Reduction of Dislocations, in last week's JOURNAL, on page 154, first column, 28th line, for "displacement" read *displacements*; same column, 37th line, for "1858" read 1853; same column, 53d line, for "luxation" read *luxations*. Same page, 2d column, 50th line, for "Lowell" read *Lovell*. On page 156, 2d column, 44th line, for "blade guides forward" read *blade glides forward*. On page 158, 2d column, midway, after "and manipulations in accordance with them," substitute comma for period. On page 159, 2d column, in the sentence "abduct and evert the limb generally, carrying it backward," punctuate thus: *abduct and evert the limb, generally carrying it backward*. On page 161, 2d column, 13th line, substitute comma for semicolon after "Y ligament," and omit comma after "that is."

THOSE of our readers who have not yet supplied themselves with a pocket manual for the current year, can be furnished from this office with that of the Drs. Elmer, published by Townsend, of New York, and not inferior to either of the other works of the kind. By referring to the advertisement, it will be seen that copies are sent by mail, postage pre-paid.

TO CORRESPONDENTS.—Communications accepted:—Criticism on Cases of Diphtheria.

BOOKS AND PAMPHLETS RECEIVED.—New System of Ventilation which has been thoroughly tested under the patronage of many distinguished persons, being adapted to Parlors, Dining and Sleeping Rooms, Kitchens, &c. &c. A Book for the Household. Third Edition. By Henry A. Gouge. New York. Pp. 176.—A Practical Treatise on the Diseases of Children. By J. Forsyth Meigs, M.D., and William Pepper, M.D. Philadelphia: Lindsay & Blakiston. Pp. 921.—Excision of the Entire Scapula, with preservation of a useful Arm. By M. Schuppert, M.D., New Orleans. With Photographic Illustrations. Pp. 4.—New Facts and Remarks concerning Idiocy, being a Lecture delivered before the New York Medical Journal Association, Oct. 15, 1869, by Edward Seguin, M.D. Pp. 48.—Mémoire sur quelques Phénomènes Nerveux Sympathiques qui se produisent pendant l'Inflammation Aigue de la Membrane du Tympan, &c. Par M. Bonnafont, Paris.—Histoire de deux Têtes d'Arabes décapités. Par le Docteur Bonnafont, Paris.—Third Annual Report of the Board of Trustees and Officers of the Minnesota Hospital for the Insane, to the Governor of Minnesota, for the year ending Nov. 30, 1869. Pp. 40.—Relaxation of the Pelvic Symphyses during Pregnancy and Parturition. By Frederick G. Snelling, M.D. New York. Pp. 36.

DIED,—In this city, March 4th, Dr. John A. Cummings, aged 53 years.—At Concord, N. H., March 2d, Dr. E. G. Moore.—In Providence, R. I., March 8th, Dr. Lewis L. Miller, for more than forty years a leading physician and surgeon of that city.

Deaths in seventeen Cities and Towns of Massachusetts for the week ending Feb. 26, 1870.

Cities and towns.	Number of deaths in each place.	Prevalent Diseases. Consumption.	Pneumonia.	Scar. Fev.	Measles.
Boston	120	23	12	8	2
Charlestown	3	1	1	0	0
Worcester . .	15	3	2	0	1
Lowell	23	4	2	1	4
Milford . . .	5	0	1	0	1
Chelsea . . .	7	1	0	3	1
Cambridge .	9	2	1	0	0
Salem	9	2	1	0	1
Lawrence . . .	7	4	0	0	0
Springfield .	6	0	3	0	0
Lynn	5	0	0	0	0
Pittsfield . .	5	2	1	0	0
Gloucester .	3	1	1		0
Taunton . .	9	5	0	3	0
Newburyport	5	1	1	0	0
Fall River .	12	1	3	0	0
Haverhill . .	3	1	0	0	0
	246	51	29	15	10

In all the above-named places there were four deaths from diphtheria and croup, and four from typhoid fever.

GEORGE DERBY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending March 5, 120. Males, 64—Females, 56.—Accident, 2—anæmia, 1 apoplexy, 1—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 1—inflammation of the brain, 1—bronchitis, 4—burns, 6—cancer, 4—canker, 1—consumption, 23—convulsions, 4—croup, 1—debility, 1—diphtheria, 1—dropsy, 6—dropsy of the brain, 4—erysipelas, 1—scarlet fever, 8—typhoid fever, 2—gastritis, 2—hæmorrhage, 1—disease of the heart, 2—intemperance, 3—disease of the kidneys, 3—congestion of the lungs, 3—inflammation of the lungs, 9—marasmus, 3—measles, 2—old age, 3—paralysis, 1—premature birth, 2—disease of the prostate gland, 1—puerperal disease, 1—scrofula, 3—stricture of urethra, 1—syphilis, 1—unknown, 5.

Under 5 years of age, 40—between 5 and 20 years, 7—between 20 and 40 years, 36—between 40 and 60 years, 18—above 60 years, 19. Born in the United States, 80—Ireland, 32—other places, 8.